

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

**SERIAL NO.**

10777704

**FILING DATE**

**APPLICANT(S)**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1							
2	/		/				51
3	/		/				52
4	/		/				53
5		4					54
6		4					55
7		4					56
8	/		/				57
9	/		/				58
10	/		/				59
11		3					60
12		3					61
13		3					62
14		3					63
15		17		①			64
16		17		①			65
17		17		①			66
18		17		①			67
19		17		①			68
20		17		①			69
21		17		①			70
22	/						71
23	/						72
24	/						73
25		3					74
26		3					75
27		3					76
28		3					77
29		3					78
30		3					79
31	/	13					80
32		1					81
33		2					82
34		14					83
35		4					84
36		4					85
37		4					86
38		4					87
39		4					88
40		4					89
41		4					90
42		4					91
43		4					92
44		4					93
45		4					94
46		4					95
47		4					96
48		4					97
49		1					98
50							99
TOTAL IND.	11		5				TOTAL IND.
TOTAL DEP.	152		6				TOTAL DEP.
TOTAL CLAIMS	163		11				TOTAL CLAIMS